

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 09872645		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2	cancel						52	cancel			
3							53	cancel			
4							54				
5							55				
6	cancel						56	cancel			
7							57				
8							58				
9							59				
10	cancel						60				
11							61				
12							62				
13							63				
14	cancel						64				
15	cancel						65				
16	cancel						66				
17							67				
18							68				
19							69				
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38							88				
39							89				
40							90				
41							91				
42							92				
43	cancel						93				
44							94				
45							95				
46	cancel						96				
47							97				
48							98				
49							99				
50	cancel						100				
Total							Total				
Indep	13						Indep				
Total							Total				
Depend	28						Depend				
Total							Total				
Claims	41						Claims				